

**APPLICATION FOR AUTHORIZATION TO USE
RADIATION WITH HUMAN SUBJECTS**

11. HAVE YOU CONSULTED WITH A RADIATION SPECIALIST IN DEVELOPING THIS PROTOCOL? Specify who, how, and in what capacity.

12. RADIATION DOSIMETRY FOR USES OF RADIONUCLIDES. (This section should include any dosimetry calculations and summary of radiation doses. References should be cited if used. May be attached if preferred.)

13. ATTACH ONE COPY EACH OF THE FOLLOWING DOCUMENTS. THIS APPLICATION CANNOT BE REVIEWED, IF THESE DOCUMENTS ARE NOT ENCLOSED.

- HUMAN SUBJECTS REVIEW COMMITTEE APPLICATION (Form UW 13-11). **Attached:**
- CONSENT FORM(S). **Attached:**
- PROTOCOL AND/OR LITERATURE REVIEW
(If the protocol does not include a thorough discussion of the literature and a list of references, an annotated bibliography (literature review) must also be provided.) **Attached:**

Please submit this application with original signatures, not photocopy signatures.

THE INVESTIGATOR ACCEPTS FULL RESPONSIBILITY FOR THE SAFE USE OF RADIATION AS DESCRIBED IN THIS APPLICATION. THE INVESTIGATOR FURTHER AGREES TO CONFORM TO THE RULES AND REGULATIONS FOR RADIATION PROTECTION, WAC 246, UNIVERSITY OF WASHINGTON RADIOACTIVE MATERIALS LICENSE CONDITIONS, AND UNIVERSITY OF WASHINGTON RADIATION SAFETY COMMITTEE POLICIES.

INVESTIGATOR: _____
TYPED NAME PLUS SIGNATURE *DATE*

THE DEPARTMENT CHAIR HAS REVIEWED THE FEASIBILITY AND SCIENTIFIC MERIT OF THIS PROPOSAL.

DEPARTMENT CHAIR: _____
TYPED NAME PLUS SIGNATURE *DATE*